



**RHODE ISLAND FIRE ACADEMY**  
24 Conway Avenue  
North Kingstown, RI 02852  
Tel: (401) 294-0861  
Fax: (401) 294-1171



## **STUDENT REGISTRATION FORM**

### **PERSONAL INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Daytime Telephone: \_\_\_\_\_ Night Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Department: \_\_\_\_\_

### **PROGRAM INFORMATION**

Program Requested: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

**No application will be accepted without authorized signature and proof of prerequisite if needed.**

I certify that the information recorded on this application is correct. I agree to abide by the rules, policies, and regulations of the Rhode Island Fire Academy if I am admitted as a student. Falsification of information may result in denial of a course certificate. I hereby authorize release of any and all information concerning my enrollment in this course to the chief officer in charge or designee of my organization. All requests for information shall be in writing from said chief or designee.

**Signature of Applicant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I certify that the listed applicant is a member of our fire department/agency and is covered by my organization's Worker's Compensation insurance while participating in such training, and that the Fire Education and Training Coordinating Board, its commissioners, officers, agents or employees shall not be liable for any injuries sustained during such training. This applicant is considered by my department's standards to be physically and emotionally fit to perform firefighting evolutions without special consideration.

**Chief or Supervisor Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_